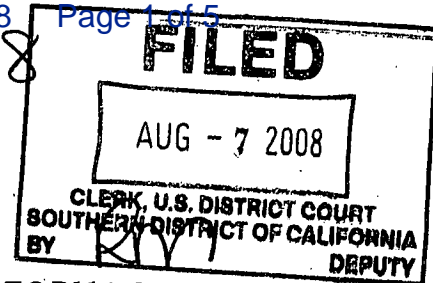


GARCIA # T 51858  
A6-120



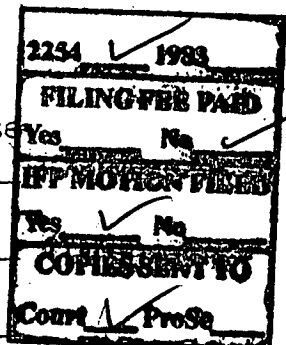
AFFIDAVIT OR DECLARATION  
IN SUPPORT OF MOTION FOR LEAVE TO PROCEED *IN FORMA PAUPERIS*

I, GARCIA, R, am the petitioner in the above-entitled case. In support of my motion to proceed *in forma pauperis*, I state that because of my poverty I am unable to pay the costs of this case or to give security therefor; and I believe I am entitled to redress.

08 CV 1441 W WMC

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$	\$ 0	\$
Self-employment	\$ 0	\$	\$ 0	\$
Income from real property (such as rental income)	\$ 0	\$	\$ 0	\$
Interest and dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$
Alimony	\$ 0	\$	\$ 0	\$
Child Support	\$ 0	\$	\$ 0	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$ 0	\$
Disability (such as social security, insurance payments)	\$ 0	\$	\$ 0	\$
Unemployment payments	\$ 0	\$	\$ 0	\$
Public-assistance (such as welfare)	\$ 0	\$	\$ 0	\$
Other (specify):	\$ 0	\$	\$ 0	\$



CR Total monthly income: \$ 0 \$ 0 \$ 0 \$ 0

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
_____	\$ _____	\$ _____
<u>                    </u>	\$ _____	\$ _____
_____	\$ _____	\$ _____

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>                    </u>	_____	_____
<u>                    </u>	_____	_____
_____	_____	_____

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>          </u>	\$ _____
Are real estate taxes included? <input type="checkbox"/> yes <input type="checkbox"/> no		
Is property insurance included? <input type="checkbox"/> yes <input type="checkbox"/> no		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>          </u>	\$ _____
Home maintenance (repairs and upkeep)	\$ <u>          </u>	\$ _____
Food	\$ <u>          </u>	\$ _____
Clothing	\$ <u>          </u>	\$ _____
Laundry and dry-cleaning	\$ <u>          </u>	\$ _____
Medical and dental expenses	\$ <u>          </u>	\$ _____

	You	Your spouse
Transportation (not including motor vehicle payments)	\$ <u>0</u>	\$ _____
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____

## Insurance (not deducted from wages or included in mortgage payments)

Homeowner's or renter's	\$ <u>0</u>	\$ _____
Life	\$ <u>0</u>	\$ _____
Health	\$ <u>0</u>	\$ _____
Motor Vehicle	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____

Taxes (not deducted from wages or included in mortgage payments)  
(specify): \_\_\_\_\_

\$ <u>0</u>	\$ _____
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## Installment payments

Motor Vehicle	\$ <u>0</u>	\$ _____
Credit card(s)	\$ <u>0</u>	\$ _____
Department store(s)	\$ <u>0</u>	\$ _____
Other: _____	\$ <u>0</u>	\$ _____

## Alimony, maintenance, and support paid to others

\$ <u>0</u>	\$ _____
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Regular expenses for operation of business, profession,  
or farm (attach detailed statement)

\$ <u>0</u>	\$ _____
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Other (specify): _____	\$ <u>0</u>	\$ _____
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Total monthly expenses:

\$ _____	\$ _____
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9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ yes ☒ no

If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form? yes ☒ no

If yes, how much? 0

If yes, state the attorney's name, address, and telephone number:

0

11. Have you paid – or will you be paying – anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

☐ yes ☒ no

If yes, how much? \_\_\_\_\_

If yes, state the person's name, address, and telephone number:

0

12. Provide any other information that will help explain why you cannot pay the costs of this case.

I HAVE NO MEANS.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: July 28 2008

R. Garcia # T51858

A6-120

REPORT ID: TS3030 .701

CALIFORNIA DEPARTMENT OF CORRECTIONS  
CALIF STATE PRISON SACRAMENTO  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

REPORT DATE: 07/30/08  
PAGE NO: 1

FOR THE PERIOD: JAN. 01, 2008 THRU JUL. 30, 2008

ACCOUNT NUMBER : T51858  
ACCOUNT NAME : GARCIA, ROBERT  
PRIVILEGE GROUP: A  
BED/CELL NUMBER: FA6 1 000000020L  
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----

CURRENT  
AVAILABLE  
BALANCE  
0.00

THE WITHIN INSTRUMENT IS A CORRECT  
COPY OF THE TRUST ACCOUNT MAINTAINED  
BY THIS OFFICE.



ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY TRUST OFFICE